

RFP-10-63
Question/Inquiry Responses
March 5, 2010

Q1. What is DMHA's vision for the training and support services to be provided under this RFP?

- a. How would the services provided under this RFP differ from those currently being provided by the TA Center?

A1. The training and support services will be provided to the sites currently receiving funding to build their local system of care as well as a limited amount to previously funded sites. The scope of work for the current RFP is much smaller and more focused on System of Care and Wraparound than in the past. The actual services being requested are very similar if not the same as some of the services previously requested but with a more targeted focus.

Q2. In Section 1.4, **Scope of Work**, it states that DMHA is interested in continuing the provision of quality technical assistance, training, on-site mentoring and program evaluation for new system of care communities...

- a. What program evaluation activities are anticipated under this RFP?

A2. DMHA will need regular and ongoing updates from the TA Center. These updates must include feedback regarding progress toward the goal of building a local or regional system of care and adherence toward Wraparound Values in the service delivery.

Q3. In Section 1.4, **Scope of Work**, item 1 states that the vendor will provide training and consultation up to 5 developing county systems of care and up to 3 regional systems of care as identified by DMHA.

- a. Are there minimum expectations as to how often training and consultation will occur?

A3. Training and consultation will occur on a regular basis and as needed by the funded site. The amount of training will be determined by the TA Center and the individual site as approved by DMHA.

Q4. In Section 1.4, **Scope of Work**, item 2 states that the provider will provide training and consultation up to 10 hours per month for existing system of care sites as requested and approved by DMHA.

- a. This is 10 hours per month total, across sites, right?
- b. What would the process for approval be?

A4. Yes, this is 10 hours per month for all existing system of care sites. The approval process will be determined by the TA Center and DMHA after RFP award.

Q5. In Section 2.4.2, **Current Expectations**, 2.4.3.3 asks to describe your experience with and understanding of the Wraparound Fidelity Index

a. Would the WFI be completed by the identified provider or is this asking us to describe our experience and understanding of wraparound principles and the phases of wraparound?

A5. Both. Although this RFP does not include administering the WFI, the successful bidder will be able to demonstrate knowledge of that instrument.

Q6. 2.4.3.7 states that respondent must demonstrate that no real, perceived or potential conflict of interest will exist between the TA Center and one or more providers of direct services to children and adolescents under contract with DMHA.

a. Can you give us examples of situations where such a conflict might exist?

b. Are there specific types of agencies that can not apply given this?

A6. Conflicts of interest may exist or be perceived to exist where there are fiduciary arrangements between two or more entities when those arrangements could lead to preferential treatment. This condition in the RFP does not exclude any agency, which is otherwise qualified, from submitting a bid. However, if a conflict of interest does exist, it should be acknowledged with plans to mitigate its effect.

Q7. Can you provide an additional explanation of section 2.5, **Cost Proposal**, specifically around how points for proposals over/under the \$150,000 would be awarded?

A7. For every percent decrease in cost, the Respondent will receive positive points (ex. 2% = +6 points). For every percent increase in cost from the baseline, the Respondent will receive negative points (ex. -2% = -6 points). This example is based on a 30 points sliding scale.

Q8. In Section 3.2.3, both “baseline cost” and “current cost” are used to describe how proposals will be scored. Please confirm that these are both meant to refer to the \$150,000 baseline cost stated in Section 2.5

A8. The “baseline cost” and “current cost” are both meant to refer to the baseline cost of \$150,000 as stated in Section 2.5.

Q9. In Section 1.7, Due Date for Proposals, we are to submit one hard copy marked "Original" that is separated into three detached sections: Transmittal Letter, Business Proposal, and Technical Proposal. In addition, we submit full copies (all three sections) of the proposal on each of 9 CD-ROMs, one of which is marked "Original". Is this correct?

A9. Yes

Q10. Given the fact this solution will be administered by a 3rd party on behalf of the DMHA, there could be multiple datasets of record. This data will include training, notes from interviews, proposed treatments, patient information, etc. Please expound on where

you expect this data to reside, who has ownership, data confidentiality levels, integration to other DMHA systems, and electronic reporting expectations.

A10. Specifics about data and ownership of data will be negotiated with the successful bidder and included in the actual contract for services.

Q11. Do you expect a single sign-on website where all parties involved (be they DMHA employees, the 3rd party administrator employees, and citizens being served by this program) are given a secure sign-on to access various levels of information?

A11. This RFP does not require the use of a website.

Q12. May we have a copy of the current contract? If yes, how soon may we obtain it?

A12. To obtain a copy of the current contract a respondent should go to the following website: <http://www.in.gov/idoa/2448.htm>. The respondent must click on Active Contracts link. This will take the respondent to a portal to use the public search function to find contracts.

Additionally, a copy can be provided by contacting Pam Lollar who handles all public records request for information. Her email is PLollar@idoa.in.gov. Please reference RFS-6-42 when requesting a copy of the contract.

Please note that the current contract should not be considered a model for or basis of the current RFP.

Q13. How much is the budget for this project?

A13. \$150,000/year

Q14. Who currently holds the contract(s) for these services?

A14. Choices, Inc.

Q15. Who are the MBE and WBE firms on the current contract?

A15. Please see response to question #12.

Q16. Will more than one service provider be selected for this RFP?

A16. DMHA expects to select only one service provider for this RFP.

Q17. If yes, will the contract be divided into regions by county?

A17. The entity responding to the RFP may choose to divide the State into regions.

Q18. If yes, please provide a breakdown of which counties are in what regions.

A18. This would be up to the entity responding to the RFP.

Q19. 2.4.3 .5 – Is the vendor responsible for securing funding for the conference?

A19. A portion of the contract awarded pursuant to this RFP will be assigned to the conference. If additional funds are needed for the conference, then the vendor would be responsible for securing those funds.

Q20. What was the budgeted amount for the last two (2) conferences?

A20. The contract with DMHA specified \$20,000 of the contract amount would be applied to the statewide conference. The actual budget/costs/revenues from the conferences is not known to DMHA.

Q21. Where was the last conference held? (City, conference center or hotel)

A21. Indianapolis, Adams Mark at the airport (now the Wyndham-I think)

Q22. How many people attended the last conference?

A22. Over 400

Q23. Is there a list of the current service providers for each county and/or region? If yes, please provide the listing?

A23. The DMHA web site lists providers for child and adolescent services with which DMHA contracts. Each provider may have sub-contracts.
<http://www.in.gov/fssa/dmha/4450.htm>.

Q24. How long is the contract period?

A24. One year with potential for three (3) one year renewals.

Q25. Is there a required number of staff the vendor must have for this project?

A25. The vendor must have enough staff to complete the work outlined in the RFP.

Q26. Are past evaluations of the current vendor available for review? If yes, please forward.

A26. Formal evaluations of the vendor are not produced.

Q27. Please name some of the “provider training” topics the vendor is responsible for conducting.

A27. Training on System of Care values and philosophy; Wraparound Principles; The Phases of Wraparound; Systems Change;

Q28. How many training sessions are to be conducted each year? How many training sessions were held in 2009?

A28. The current RFP is not comparable to the existing contract for child and adolescent technical assistance. The current RFP is focused on sites currently receiving funding from DMHA to develop a local or regional system of care. There is no specific number of trainings.

Q29. Are the current training materials available for review or will the new vendor be required to create new materials? If no, may we have a copy of the current training materials?

A29. DMHA expects that training be facilitated based on the needs of the specific area or region. Therefore, the new vendor will have to develop new trainings.

Q30. What are the reporting requirements to the state? Weekly, bi-weekly, monthly? Via conference call or other means? Are formal presentations/written reports required?

A30. Written comprehensive activity and financial reports will be required to be submitted to the Contract Manager at DMHA each month.

Q31. What was the 2009 cost of services on this project? May we have a detailed copy for review?

A31. The current RFP is not comparable to the existing contract for child and adolescent technical assistance. Therefore, comparison's of cost for services purchased in state fiscal year 2009 to costs associated with this RFP are not appropriate.